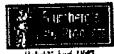




Form B1, p.1 (04/13)

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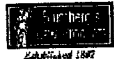
United States Bankruptcy Court NORTHERN District of Illinois					Voluntary Petition																							
Name of Debtor (if individual, enter Last, First, Middle): MICHELLE BASTIAN			Name of Joint Debtor (Spouse) (Last, First, Middle):																									
All Other Names used by the debtor in the last 8 years (include maiden and trade names):			All Other Names used by the joint debtor in the last 8 years (include maiden and trade names):																									
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): 1622			Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all):																									
Street Address of Debtor (No. & Street, City and State): 2580 Crestwood Lane			Street Address of Joint Debtor (No. & Street, City and State):																									
Riverwoods IL ZIP CODE 60015			ZIP CODE																									
County of Residence or of the Principal Place of Business: Lake			County of Residence or of the Principal Place of Business:																									
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):																									
ZIP CODE			ZIP CODE																									
Location of Principal Assets of Business Debtor (if different from street address above):						ZIP CODE																						
<b>Type of Debtor (Form of Organization)</b> (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code ( <i>the Internal Revenue Code</i> ).		<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. §101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <input type="checkbox"/> Chapter 13																								
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee Waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Nature of Debts (check one box)</b> <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																										
		<b>Chapter 11 Debtors</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. §101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. §101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925.																										
		<b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors in accordance with 11 U.S.C. § 1126(b).																										
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds for distribution to unsecured creditors						THIS SPACE FOR COURT USE ONLY																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Estimated number of Creditors</th> <th>1-49</th> <th>50-99</th> <th>100-199</th> <th>200-999</th> <th>1,000-5,000</th> <th>5,001-10,000</th> <th>10,001-25,000</th> <th>25,001-50,000</th> <th>50,001-100,000</th> <th>OVER 100,000</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>							Estimated number of Creditors	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Form B1, p.2 (04/13)

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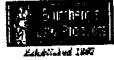
<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): MICHELLE BASTIAN	
<b>All prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)</b>			
Location Where Filed:	Case Number	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)</b>			
Name of Debtor:	Case Number:	Date Filed:	
District	Relationship:	Judge:	
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by §342(b) of the Bankruptcy Code.  <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;">                       Signature of Attorney for Debtor(s)                 </div> <div style="width: 25%;">                     2/25/15                      Date:                 </div> </div>	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made part of this petition.			
<b>Information Regarding the Debtor-Venue</b> (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business, or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this district.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="text-align: center;">                         Name of landlord that obtained judgment:                            Address of landlord:                     </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. & 362(1)).			



Form B1, p.3 (04/13)

BlumbergExcelsior, Inc., Publisher, NYC 10013

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): MICHELLE BASTIAN	
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct.  [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by §342(b) of the Bankruptcy Code.  I request relief in accordance with the chapter title 11, United States Code, specified in this petition. X <u>Michelle Bastian</u> Signature of Debtor X _____ Signature of Joint Debtor  Telephone Number (If not represented by attorney): _____ Date <u>2/25/15</u>		<b>Signature of a Foreign Representative</b> I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.  (Check only one box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by §1515 of title 11 are attached.  <input type="checkbox"/> Pursuant to §1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X _____ (Signature of Foreign Representative)  _____ (Printed Name of Foreign Representative)  _____ Date	
<b>Signature of Attorney</b> X _____ Signature of Attorney for Debtor(s) Printed Name of Attorney for Debtor(s) Kenny Olatunji Firm Name Mkay Legal Address POBOX 59411 Chicago, IL Telephone Number 312 236 9500 Date _____ *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		<b>Signature of Non-Attorney Bankruptcy Petition Preparer</b> I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in U.S.C. §110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. §110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor as required in that section. Official Form 19B is attached.  Printed Name and title, if any, of Bankruptcy Petition Preparer _____  Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. §110.) Address _____  X _____ Date _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:  If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.</i>	
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual  _____ Printed Name of Authorized Individual  _____ Title of Authorized Individual  _____ Date _____			



**UNITED STATES BANKRUPTCY COURT**

NORTHERN **District of** Illinois

In re MICHELLE BASTIAN  
Debtor(s)

Case No.  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

MICHELLE BASTIAN

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose any filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*



Form B1, Exhibit D (12/09) Page 2 **BlumbergExcelstor**, Publisher, NYC 10013

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

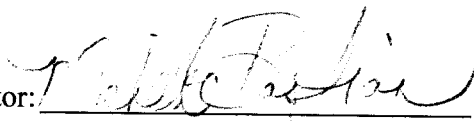
☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor:

  
MICHELLE BASTIAN

Date: \_\_\_\_\_



Form B6 A (12/07)

**Blumberg** Excelsior, Inc., Publisher, NYC 10013

Debtor(s) Case No.

(if known)

In re:MICHELLE BASTIAN

### **SCHEDULE A - REAL PROPERTY**

[illegible]



Form B6 B (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: MICHELLE BASTIAN

Debtor(s) Case No.

(if known)

## SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
01 Cash on hand	x			
02 Checking savings or other financial accounts certificates of deposit or shares in banks savings and loan thrift building and loan and homestead associations or credit unions brokerage houses or cooperatives.		12/19/15: PNC bank, Deerfield, IL		100.00
03 Security Deposits with public utilities telephone companies landlords and others.	x			
04 Household goods and furnishings including audio video and computer equipment.		One Computer		250.00
05 Books; pictures and other art objects; antiques; stamp coin record tape compact disc and other collections or collectibles.		Books and pictures at home		250.00
06 Wearing apparel.		Wearing Apparel at home		500.00
07 Furs and jewelry.	x			

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->

1,100.00

Continuation sheets attached



Form B6 B (12/07)

BlumbergExcelstor, Inc., Publisher, NYC 10013

In re: MICHELLE BASTIAN

Debtor(s) Case No.

(if known)

## SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
08 Firearms and sports photographic and other hobby equipment.	x			
09 Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	x			
10 Annuities. Itemize and name each issuer.	x			
11 Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1) Give particulars. (file separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	x			
12 Interests in IRA ERISA Keogh or other pension or profit sharing plans. Give particulars.	x			
13 Stock and interest in incorporated and unincorporated businesses. Itemize.	x			

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->  
Continuation sheets attached

1,100.00



Form B6 B (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: MICHELLE BASTIAN

Debtor(s) Case No.

(if known)

## SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14 Interest in partnerships or joint ventures. Itemize.	x			
15 Government and corporate bonds and other negotiable and non-negotiable instruments.	x			
16 Accounts receivable.	x			
17 Alimony maintenance support and property settlements to which the debtor is or may be entitled. Give particulars.	x			
18 Other liquidated debts owing debtor including tax refunds. Give particulars.	x			
19 Equitable or future interests life estates and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A of Real Property.	x			
20 Contingent and non-contingent interests in estate of a decedent death benefit plan life insurance policy or trust.	x			

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->

1,100.00

Continuation sheets attached



Form B6 B (12/07)

Blumberg Excelsior, Inc. Publisher, NYC 10013

In re: MICHELLE BASTIAN

Debtor(s) Case No.

(if known)

## SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
21 Other contingent and unliquidated claims of every nature including tax refunds counterclaims of the debtor and rights to setoff claims. Give estimated value of each.	x			
22 Patents copyrights and other general intellectual property. Give particulars.	x			
23 Licenses franchises and other general intangible. Give particulars.	x			
24 Customer lists or compilations containing personally identifiable information (as defined in 11U.S.C. §101(41A)) provided by individuals connected with obtaining product or service from the debtor primarily for personal family or household purposes.	x			
25 Automobiles trucks trailers and other vehicles and accessories.	x			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				1,100.00

Continuation sheets attached



Form B6 B (12/07)

BlumbergExcelsior, Inc. Publisher. NYC 10013

In re: MICHELLE BASTIAN

Debtor(s) Case No.

(if known)

## SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
26 Boats motors and accessories.	x			
27 Aircraft and accessories.	x			
28 Office equipment furnishings and supplies.	x			
29 Machinery fixtures equipment and supplies used in business.	x			
30 Inventory.	x			
31 Animals.	x			
32 Crops-growing or harvested. Give particulars.	x			
33 Farming equipment and implements.	x			
34 Farm supplies chemicals and feed.	x			
35 Other personal property of any kind not already listed. Itemize.	x			

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->  
Continuation sheets attached

1,100.00



Form B6 C (04/13)

BlumbergExcelstor, Inc., Publisher, NYC 10013

In re: MICHELLE BASTIAN

Debtor(s) Case No.

(if known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.\*

☐ 11 U.S.C. § 522(b)(2)

☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
12/19/15: PNC bank, Deerfield, IL	735 ILCS 5/12-1001(b) Equity Interest in any Other Property		100.00
One Computer	735 ILCS 5/12-1001(b) Equity Interest in any Other Property		250.00
Books and pictures at home	735 ILCS 5/12-1001(b) Equity Interest in any Other Property		250.00
Wearing Apparel at home	735 ILCS 5/12-1001(a) Wearing Apparel Bible School Books and Family Pictures	500.00	500.00

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



Form B6 D (12/07)

BlumbergExcelior, Inc., Publisher, NYC 10013

In re: MICHELLE BASTIAN

Debtor(s) Case No.

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT OF LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY	C U D *
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
			Subtotal -> (Total of this page)			
			Total ->			

Continuation Sheets attached. (use only on last page of the completed Schedule D.)

\*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(Report total also on Summary of Schedules)

(If applicable, Report also on Statistical Summary of Certain Liabilities and Related Data.)

**Blumberg**Excelsior, Inc., Publisher. NYC 10013

(if known)

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### Extensions of credit in an involuntary case

**Wages, salaries, and commissions**

**Contributions to employee benefit plans**

☐ **Certain farmers and fishermen**

### Deposits by individuals

**Alimony, Maintenance, or Support**

### **Taxes and Certain Other Debts Owed to Governmental Units**

### Commitments to Maintain the Capital of an Insured Depository Institution

### Claims for Death or Personal Injury While Debtor Was Intoxicated

\*Amounts are subject to adjustment on April 1, 2016, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

Total ->



Form B6 F (12/07)

BlumbergExcelstor, Inc., Publisher, NYC 10013

In re: MICHELLE BASTIAN

Debtor(s)

Case No.

(if known)

# **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD DE BT OR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
2822 AMAZON .COM GECRB / AMAZON pobox 960013 Orlando, FL 32896			12/14: Store Credit		834.00
8334 Allied Interstate, LLC PO Box 4000 Warrenton, VA 20188			12/14; credit cards/collection		544.64
7072 Amazon.com/NCC Business S 9428 Baymeadows Road Suite 200 Jacksonville, FL 32256			12/11; credit card		928.15
1722 Applied Bank Bankcard Center PO Box 11170 Wilmington, DE 19850-1170			12/14; credit card		790.78
1623 Buffalo Grove Fire Depart PO Box 88850 Carol Stream, IL 60188			12/14; collections		175.00
1623 Buffalo Grove Fire Dept c/o Wakefield & Assoc., I PO Box 58 Fort Morgan, CO 80701			12/14; collections		175.00

X continuation sheets attached.

Subtotal \$ 3,447.57

Total \$ 3,447.57

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (12/07)

BlumbergExcelstor, Inc., Publisher, NYC 10013

In re: MICHELLE BASTIAN

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See instructions)	COD E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
1762 Capital Management Svc, L 698 1/2 South Ogden Stre Buffalo, NY 14206-2317			12/14; credit card/collections		535.64
2818 Capital One Bank, N.A. PO Box 6492 Carol Stream, IIL 60197-6492			12/14; credit card		452.85
4252 Capital One Bank, N.A. PO Box 6492 Carol Stream, IL 60197-6492			12/14; credit card		418.05
2833 Comenity - Victoria Secre POBOX 659728 San Antonio, TX 78265			12/14 Store card		499.00
8433 Comenity Capital Bank Enhanced Recovery Co POBOX 23870 Jacksonville, FL 32241					1,220.46
9849 Comenity Capital Bank RGS Collections, Inc. PO Box 852039 Richardson, TX 75085-2039			12/14; collections		753.28
Subtotal					\$ 3,879.28
Total					\$ 7,326.85

X continuation sheets attached.

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: MICHELLE BASTIAN

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
5289 Credit One Bank PO Box 60500 City of Industry, CA 91716-0500			12/14; credit card		572.49
1257 GE Capital Retail Bank PO Box 950061 Orlando, FL 32896-0061			12/14; credit card		1,345.50
4164 GE Capital Retail Bank c/oPortfolio Recov Assoc. PO Box 12914 Norfolk, VA 23541			12/14; credit card		701.97
4400 Home at Five PO Box 219785 Houston, TX 77218-9785			12/14; credit card		418.23
3045 Libertyville Wellness Gro 1785 Northwind Blvd. Libertyville, IL 60048			12/14: Collection Bill		7,610.00
3423 Midland Credit Mgt 8875 Aero Drive San Diego, CA 92123			12/14; credit card		490.23

☒ continuation sheets attached.

Subtotal \$ 11,138.42

Total \$ 18,465.27

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: MICHELLE BASTIAN

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
3572 Pimsleur Approach TM 1600 JFK Blvd, 3rd Floor Philadelphia, PA 19103			12/14; collections		256.00
0622 Portfolio Recovery Assoc, PO Box 12914 Norfolk, VA 23541			12/14; collections		1,316.56
8349 RJM Acquistions, LLC 575 Underhill Blvd. Syosset, NY 11791-4437			12/14: Collections		359.70
4570 Seventh Avenue 1112 7th Avenue Monroe, WI 53566			12/14 Store Card		475.00
4570 Seventh Avenue (Universal 16325 Wetheimer Rd. Houston, TX 77082			12/14; credit card		475.00
7926 Synchrony Bank/Gap Card PO Box 320006 Birmingham, AL 35222-1308			12/14; credit card		513.94
Subtotal					\$ 3,396.20
Total					\$ 21,861.47

X continuation sheets attached.

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: MICHELLE BASTIAN

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
9999 TD Bank USA PO Box 129 Thorofare, NJ 08086-0129			12/14; credit card		472.07
3423 TJX Rewards/GE CRB PO Box 530948 Atlanta, GA 30353-0948			12/14; credit card		479.12
0320 USAA Savings Bank 5800 N. Course Drive Houston, TX 77072			12/14; credit card		1,780.45
4995 United Collections Bureau PO Box 1448 Maumee, OH 43537			12/14; collections		1,021.77
2833 Victoria's Secret PO Box 659728 San Antonio, TX 78265-9728			12/14; credit card		499.88
0622 Walmart Credit card Walmart / GECRB POBOX 530927 ATLANTA, GA 30353			12/14/: Store Card		1,257.00
Subtotal					\$ 5,510.29
Total					\$ 27,371.76

☒ continuation sheets attached.

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (12/07)

**Blumberg**Excelsior, Inc., Publisher, NYC 10013

**In re: MICHELLE BASTIAN**

**Debtor(s)**

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	C O D E	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
1490			12/14; Collections		5,909.90
Yavitz & Levey, LLP 20 S. Clark St. Suite 2200 Chicago, IL 60603					
<b>Subtotal</b>				\$	5,909.90
<b>Total</b>				\$	33,281.66

continuation sheets attached.
(Use only on last page of the completed Schedule F.)



Form B6 G (12/07)

BlumbergExcelstor, Inc., Publisher, NYC 10013

In re: MICHELLE BASTIAN

Debtor(s) Case No.

(if known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY, STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



Form B6 H (12/07)

BlumbergExcelstor, Inc., Publisher, NYC 10013

In re: MICHELLE BASTIAN

Debtor(s) Case No.

(if known)

## SCHEDULE H - CODEBTORS

☒ Check this box if debtor has no codebtors

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR



BlumbergExcelstor, Inc., Publisher, NYC 10013

Fill in this information to identify your case:

Debtor 1 MICHELLE BASTIAN

Debtor 2

(Spouse if filing)

United States Bankruptcy Court for the:

NORTHERN

District of Illinois

Case number

(If known)

Check if this is:

☐ A supplement showing chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 6I

### Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1:

#### Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

##### Employment status

##### Occupation

##### Employer's name

##### Employer's address

##### How long employed there?

##### Debtor 1

##### Debtor 2 or non-filing spouse

☐

Employed

☐

Employed

☒

Not Employed

☐

Not Employed

#### Part 2:

#### Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

##### 2. List monthly gross wages, salary, and commissions

(before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

##### 3. Estimate and list monthly overtime pay.

##### 4. Calculate gross income. Add line 2 + line 3.

##### For Debtor 1

##### For Debtor 2 or non-filing spouse

2. \$

\$

3. + \$

+ \$

4. \$

0.00

\$

0.00



Debtor 1 MICHELLE BASTIAN

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here</b>	4. \$ 0.00	\$ 0.00
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$	
5b. Mandatory contributions for retirement plans	5b. \$	\$
5c. Voluntary contributions for retirement plans	5c. \$	\$
5d. Required repayments of retirement fund loans	5d. \$	\$
5e. Insurance	5e. \$	\$
5f. Domestic support obligations	5f. \$	\$
5g. Union dues	5g. \$	\$
5h. Other deductions. Specify	5h. + \$	\$
<b>6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h</b>	6. \$ 0.00	\$ 0.00
<b>7. Calculate total monthly take-home pay. Subtract line 6 from line 4.</b>	7. \$ 0.00	\$ 0.00
<b>8. List all other income regularly received:</b>		
<b>8a. Net income from rental property and from operating a business, profession or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$	\$
<b>8b. Interest and dividends</b>	8b. \$	\$
<b>8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$	\$
<b>8d. Unemployment compensation</b>	8d. \$	\$
<b>8e. Social Security</b>	8e. \$	\$
<b>8f. Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$	\$
<b>8g. Pension or retirement income</b>	8g. \$	\$
<b>8h. Other monthly income. Specify:</b> Child Support	8h. + \$ 1000.00	+ \$
<b>9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.</b>	9. \$ 1000.00	\$
<b>10. Calculate monthly income. Add line 7 + line 9.</b> Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1000.00	\$ 0.00
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		\$
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		\$ 1000.00
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:		



Fill in this information to identify your case:

Debtor 1 MICHELLE BASTIAN

Debtor 2

(Spouse if filing)

United States Bankruptcy Court for the:

NORTHERN

District of

Illinois

Case number

(If known)

Check if this is:

☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

## Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1:

## Describe Your Household

## 1. Is this a joint case?

☒

No Go to line 2.

☐

Yes. Does Debtor 2 live in a separate household?

☐

No

☐

Yes. Debtor 2 must file a separate Schedule J.

## 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐

No

☒

Yes. Fill out information for each dependant .....

Dependents relationship to Debtor1 or Debtor2

Dependents age

Does dependant live with you?

Angelina Bastian

5

☒

Yes

☐

No

☐

Yes

☐

No

☐

Yes

☐

No

☐

Yes

☐

No

## 3. Do your expenses include expenses of people other than yourself and your dependents?

☒

No

☐

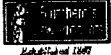
Yes

## Part 2:

## Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)



Debtor 1 MICHELLE BASTIAN

Case number (If known)

		<u>Your expenses</u>
4.	<b>The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.</b>	4. \$
	If not included in line 4:	
4a.	Real estate taxes	4a. \$
4b.	Property, homeowner's, or renter's insurance	4b. \$
4c.	Home maintenance, repair, and upkeep expenses	4c. \$
4d.	Homeowner's association or condominium dues	4d. \$
5.	<b>Additional mortgage payments for your residence, such as home equity loans</b>	5. \$
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	6a. \$ 75.00
6b.	Water, sewer, garbage collection	6b. \$
6c.	Telephone, cell phone, internet, satellite, and cable services	6c. \$ 135.00
6d.	Other, Specify:	6d. \$
7.	<b>Food and housekeeping supplies</b>	7. \$ 300.00
8.	<b>Childcare and children's education costs</b>	8. \$ 250.00
9.	<b>Clothing, laundry, and dry cleaning</b>	9. \$ 30.00
10.	<b>Personal care products and services</b>	10. \$ 150.00
11.	<b>Medical and dental expenses</b>	11. \$ 50.00
12.	<b>Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.</b>	12. \$ 100.00
13.	<b>Entertainment, clubs, recreation, newspapers, magazines and books</b>	13. \$
14.	<b>Charitable contributions and religious donations</b>	14. \$
15.	<b>Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.</b>	
15a.	Life insurance	15a. \$
15b.	Health insurance	15b. \$
15c.	Vehicle insurance	15c. \$
15d.	Other insurance. Specify:	15d. \$
16.	<b>Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:</b>	16. \$
17.	<b>Installments or lease payments:</b>	
17a.	Car payments for vehicle 1	17a. \$
17b.	Car payments for vehicle 2	17b. \$
17c.	Other. Specify:	17c. \$
17d.	Other. Specify:	17d. \$
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).</b>	18. \$
19.	<b>Other payments you make to support others who do not live with you. Specify:</b>	19. \$



Blumberg Excelsior, Inc. Publisher, NYC 10013

Debtor 1 MICHELLE BASTIAN

Case number (If known)

Your expenses

20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. \$	
20b. Real estate taxes	20b. \$	
20c. Property, homeowner's, or renter's insurance	20c. \$	
20d. Maintenance, repair, and upkeep expenses	20d. \$	100.00
20e. Homeowner's association or condominium dues	20e. \$	
20f. Other		

\$  
\$  
\$  
\$

21. **Other. Specify:**

21. +\$

22. **Your monthly expenses. Add lines 4 through 21.**  
**The result is your monthly expenses.**

22. \$ 1190.00

23. **Calculate your monthly net income:**

23a. Copy line 12 (your combined monthly income) from Schedule I.  
23b. Copy your monthly expenses from line 22 above.  
23c. Subtract your monthly expenses from your monthly income.

23a. \$ 1000.00

23b. -\$ 1190.00

23c. \$ -190.00

*The result is your monthly net income.*

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:



Form 7 Stmt of Financial Affairs (04/13) **Blumberg** Excelsior, Inc. Publisher, NYC 10013

**STATEMENT OF FINANCIAL AFFAIRS**  
**UNITED STATES BANKRUPTCY COURT**  
NORTHERN DISTRICT OF Illinois

In re: MICHELLE BASTIAN

Debtor(s) Case No.

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. Sec. 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business with in the last 6 years, as defined below, also must complete Questions 19-25. If the answer to any question is "None" or the question is not applicable, mark the box labeled "None". If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

**DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, owner of 5 percent or more of the voting or equity securities of a corporation; a partner other than a limited partner, of a partnership, a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

NONE

☒ X

**01 INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS**

State the gross amount of income the debtor has received from employment trade or profession or from operation of the debtor's business including part-time activities either as an employee or in independent trade or business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains or has maintained financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE

☒ X

**02 INCOME OTHER THAN FROM EMPLOYMENT OR OPERATION OF BUSINESS**

State the amount of income received by the debtor other than from employment trade profession operation of the debtor's business during the two years immediately preceeding the commencement of this case. Give particulars. If a joint petition is filed state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

List all payments on loans installment purchases of goods or services and other debts to any creditor made within 90 days immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE

☒ 03B PAYMENTS TO CREDITORS

List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$6,225\*. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE

☒ 03C PAYMENTS TO CREDITORS

List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE

☒ 04A SUITS AND ADMINISTRATIVE PROCEEDINGS EXECUTION GARNISHMENTS AND ATTACHMENTS

List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT	NATURE OF PROCEEDING	COURT & LOCATION	STATUS OR DISPOSITION
In Re Bastian 10 D 80667	Domestic Relations	Circuit Court of cook County	Judgment for \$5909

NONE  
IXDocument Page 36 of 48  
04B SUITS AND ADMINISTRATIVE PROCEEDINGS EXECUTION GARNISHMENTS AND ATTACHMENTS

Describe all property that has been attached garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
IX

## 05 REPOSSESSIONS FORECLOSURES AND RETURNS

List all property that has been repossessed by a creditor sold at a foreclosure sale transferred through a deed in lieu of foreclosure or returned to the seller within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
IX

## 06A ASSIGNMENTS AND RECEIVERSHIPS

Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
IX

## 06B ASSIGNMENTS AND RECEIVERSHIPS

List all property which has been in the hands of a custodian receiver or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed unless spouses are separated and a joint petition is not filed.)

NONE  
IX

## 07 GIFTS

7List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
X

List all losses from fire theft other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
X

#### 09 PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY

List all payments made or property transferred by or on behalf of the debtor to any persons including attorneys for consultation concerning debt consolidation relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Debtor Inc	2/18/15	\$9.95

NONE  
X

#### 10A OTHER TRANSFERS

List all other property other than property transferred in the ordinary course of the business or financial affairs of the debtor transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
X

#### 10B OTHER TRANSFERS

List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NONE  
X

#### 11 CLOSED FINANCIAL ACCOUNTS

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed sold or otherwise transferred within one year immediately preceding the commencement of this case. Include checking savings or other financial accounts certificates of deposit or other instruments; shares and share accounts held in banks credit unions pension funds cooperatives associations brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
☒

### 13 SETOFFS

List all setoffs made by any creditor including a bank against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE  
☒

### 14 PROPERTY HELD FOR ANOTHER PERSON

List all property owned by another person that the debtor holds or controls.

NONE  
☒

### 15 PRIOR ADDRESS OF DEBTOR

If debtor has moved within three years immediately preceding the commencement of this case list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed report also any separate address of either spouse.

NONE  
☒

### 16 SPOUSES AND FORMER SPOUSES

If the debtor resides or resided in a community property state commonwealth or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NONE  
☒ X

List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice and if known the Environmental Law:

NONE  
☒ X

17B ENVIRONMENTAL INFORMATION

List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NONE  
☒ X

17C ENVIRONMENTAL INFORMATION

List all judicial or administrative proceedings including settlements or orders under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding and the docket number.

NONE

☒ X

18A NATURE LOCATION AND NAME OF BUSINESS

If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses and beginning and ending dates of all businesses in which the debtor was an officer, director, partner or managing executive of a corporation, partner in a partnership, sole proprietor or was self-employed in a trade, profession or other activity either full-or part-time within six years immediately preceding the commencement of this case or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case. List the names addresses taxpayer identification numbers nature of the businesses and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case. List the names addresses taxpayer identification numbers nature of the businesses and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all business in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

NONE  
X

18B NATURE LOCATION AND NAME OF BUSINESS

Identify any business listed in response to subdivision a. ,above, that is "single asset real estate" as defined in 11 U.S.C. Sec. 101.



3092 - Verification of Creditor Matrix. 12/95 **Blumberg** Excelsior, Inc., Publisher. NYC 10013

**UNITED STATES BANKRUPTCY COURT**

NORTHERN DISTRICT OF Illinois

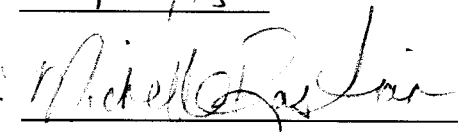
In re: MICHELLE BASTIAN

Case No.  
Debtor(s)  
Chapter 7

**VERIFICATION OF CREDITOR MATRIX**

The above-named debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Dated: 2/26/15

Debtor   
MICHELLE BASTIAN

Debtor \_\_\_\_\_



Federal Bankruptcy Cover (10/06)

Blumberg Excelsior, Inc., Publisher, NYC 10013

Case No.

**United States Bankruptcy Court**

NORTHERN DISTRICT OF Illinois

**In Re** MICHELLE BASTIAN Debtor(s)

**Chapter** 7

Last four digits of Soc. Sec. No./ Complete EIN or other Tax 1622

I.D. No.(If more than one, state all): \_\_\_\_\_

**Petition, Schedules and  
Statement of Financial Affairs**

Kenny Olatunji  
Mkay Legal

Attorney(s) for Petitioner  
Office & Post Office Address & Telephone Numbe  
POBOX 59411  
Chicago, IL  
312 236 9500

**REFERRED TO**

\_\_\_\_\_

\_\_\_\_\_

Clerk

\_\_\_\_\_  
Date



Form B6 Cont. (12-07)

BlumbergExcelstor, Inc., Publisher, NYC 10013

In re: MICHELLE BASTIAN

Debtor(s) Case No. (if known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 2.)

Date 2/24/15

Signature

MICHELLE BASTIAN

Debtor

Date \_\_\_\_\_

Signature

(Joint Debtor, if any)

(If joint case, both spouses must sign.)

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See U.S.C. §110.)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. §110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. §110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Print or Type Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. §110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address:

X

Signature of Bankruptcy Petition Preparer

Date

2/25/15

Names and Social Security Numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 1.)

Date \_\_\_\_\_

Signature \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.



## FORM 6. SCHEDULES

### Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Property Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration Under Penalty of Perjury

**GENERAL INSTRUCTIONS:** The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank.

Schedules D, E, and F have been designated for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once.

A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

AMAZON .COM GECRB / AMAZON pobox 960013 Orlando, FL 32896 2822	Comenity Capital Bank Enhanced Recovery Co POBOX 23870 Jacksonville, FL 32241 8433	RJM Acquistions, LLC 575 Underhill Blvd. Syosset, NY 11791-4437 8349
Allied Interstate, LLC PO Box 4000 Warrenton, VA 20188 8334	Comenity Capital Bank RGS Collections, Inc. PO Box 852039 Richardson, TX 75085-2039 9849	Seventh Avenue 1112 7th Avenue Monroe, WI 53566 4570
Amazon.com/NCC Business Svc 9428 Baymeadows Road Suite 200 Jacksonville, FL 32256 7072	Credit One Bank PO Box 60500 City of Industry, CA 91716-0500 5289	Seventh Avenue (Universal Fi 16325 Wetheimer Rd. Houston, TX 77082 4570
Applied Bank Bankcard Center PO Box 11170 Wilmington, DE 19850-1170 1722	GE Capital Retail Bank PO Box 950061 Orlando, FL 32896-0061 1257	Synchrony Bank/Gap Card PO Box 320006 Birmingham, AL 35222-1308 7926
Buffalo Grove Fire Departmen PO Box 88850 Carol Stream, IL 60188 1623	GE Capital Retail Bank c/oPortfolio Recov Assoc., L PO Box 12914 Norfolk, VA 23541 4164	TD Bank USA PO Box 129 Thorofare, NJ 08086-0129 9999
Buffalo Grove Fire Dept c/o Wakefield & Assoc., Inc. PO Box 58 Fort Morgan, CO 80701 1623	Home at Five PO Box 219785 Houston, TX 77218-9785 4400	TJX Rewards/GE CRB PO Box 530948 Atlanta, GA 30353-0948 3423
Capital Management Svc, LP 698 1/2 South Ogden Street Buffalo, NY 14206-2317 1762	Libertyville Wellness Group 1785 Northwind Blvd. Libertyville, IL 60048 3045	USAA Savings Bank 5800 N. Course Drive Houston, TX 77072 0320
Capital One Bank, N.A. PO Box 6492 Carol Stream, IIL 60197-6492 2818	Midland Credit Mgt 8875 Aero Drive San Diego, CA 92123 3423	United Collections Bureau/NC PO Box 1448 Maumee, OH 43537 4995
Capital One Bank, N.A. PO Box 6492 Carol Stream, IL 60197-6492 4252	Pimsleur Approach TM 1600 JFK Blvd, 3rd Floor Philadephia, PA 19103 3572	Victoria's Secret PO Box 659728 San Antonio, TX 78265-9728 2833
Comenity - Victoria Secret POBOX 659728 San Antonio, TX 78265 2833	Portfolio Recovery Assoc, LL PO Box 12914 Norfolk, VA 23541 0622	Walmart Credit card Walmart / GECRB POBOX 530927 ATLANTA, GA 30353 0622

Yavitz & Levey, LLP  
20 S. Clark St.  
Suite 2200  
Chicago, IL  
60603  
1490



Form B22A (Chapter 7) (04/13)

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According to the calculations required by this statement:  
(check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.  
☒ The presumption does not arise.  
☐ The presumption is temporarily inapplicable.

In re: MICHELLE BASTIAN

Debtor(s) Case Number:

(If known)

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual Chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by §707(b)(2)(C).

### Part I. MILITARY AND NON-CONSUMER DEBTORS

**1A Disabled Veterans.** If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the "Presumption does not arise" box at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Declaration of Disabled Veteran.** By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. §3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. §101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).

**1B Non-consumer Debtors.** If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Declaration of non-consumer debts.** By checking this box, I declare that my debts are not primarily consumer debts.

**Reservists and National Guard Members; active duty or homeland defense activity.** Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. **During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.**

**1C Declaration of Reservists and National Guard Members.** By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard

- a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and  
☐ I remain on active duty /or/  
☐ I was released from active duty on \_\_\_\_\_, which is less than 540 days before this bankruptcy case was filed;

OR

- b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/  
☐ I performed homeland defense activity for a period of at least 90 days, terminating on \_\_\_\_\_, which is less than 540 days before this bankruptcy case was filed.



Form B22A (Chapter 7) (04/13)

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## Part II. CALCULATION OF MONTHLY INCOME FOR §707(B)(7) EXCLUSION

<b>2</b>	<b>Marital / filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.	a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of §707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11. c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.  All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	<b>Column A Debtor's Income</b>	<b>Column B Spouse's Income</b>											
<b>3</b>	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>	\$ 0.00	\$ NA												
<b>4</b>	<b>Income from the operation of a business, profession, or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 35%;">Gross receipts</td> <td style="width: 15%; text-align: right;">\$ 0.00</td> <td style="width: 15%; text-align: right;">0.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Business income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </table>	a.	Gross receipts	\$ 0.00	0.00	b.	Ordinary and necessary business expenses	\$ 0.00	0.00	c.	Business income	Subtract Line b from Line a		\$ 0.00	\$ NA
a.	Gross receipts	\$ 0.00	0.00												
b.	Ordinary and necessary business expenses	\$ 0.00	0.00												
c.	Business income	Subtract Line b from Line a													
<b>5</b>	<b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 35%;">Gross receipts</td> <td style="width: 15%; text-align: right;">\$ 0.00</td> <td style="width: 15%; text-align: right;">0.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Business income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </table>	a.	Gross receipts	\$ 0.00	0.00	b.	Ordinary and necessary business expenses	\$ 0.00	0.00	c.	Business income	Subtract Line b from Line a		\$ 0.00	\$ NA
a.	Gross receipts	\$ 0.00	0.00												
b.	Ordinary and necessary business expenses	\$ 0.00	0.00												
c.	Business income	Subtract Line b from Line a													
<b>6</b>	<b>Interest, dividends, and royalties.</b>	\$ 0.00	\$ NA												
<b>7</b>	<b>Pension and retirement income.</b>	\$ 0.00	\$ NA												
<b>8</b>	<b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.	\$ 0.00	\$ NA												



Form B22A (Chapter 7) (04/13)

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9	<p><b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1"> <tr> <td>Unemployment compensation claimed to be a benefit under the Social Security Act</td><td>Debtor \$</td><td>0.00</td><td>Spouse \$</td><td>0.00</td></tr> </table>	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	0.00	Spouse \$	0.00	\$	0.00	\$	NA
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	0.00	Spouse \$	0.00						
10	<p><b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.</p> <p>Total and enter on Line 10</p>	\$	0.00	\$	NA					
11	<p><b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).</p>	\$	0.00	\$	NA					
12	<p><b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.</p>	\$	0.00							

10	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.  Total and enter on Line 10	\$	0.00	\$	NA
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11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$ 0.00	\$ NA
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12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$	0.00
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### Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 0.00
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14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	
	a. Enter debtor's state of residence:      Illinois <span style="margin-left: 200px;">b. Enter debtor's household size:      1</span>	\$      47,469.00

15	<p><b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The Presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII.</p> <p><input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.</p>
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**Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)**

#### Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16	Enter the amount from Line 12.	\$	NA
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.	\$	NA
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.	\$	NA

17	<p><b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.</p>	\$	NA
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18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$	NA
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## Part V. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)

### Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

<b>19A</b>	<b>National Standards: food, clothing, and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="http://www.usdoj.gov/ust">www.usdoj.gov/ust</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$	NA																								
<b>19B</b>	<b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.	\$	NA																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">Household members under 65 years of age</th> <th colspan="3" style="text-align: left;">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;"><b>a1.</b></td> <td style="width: 65%;">Allowance per member</td> <td style="width: 30%; text-align: center;">60</td> <td style="width: 5%; text-align: center;"><b>a2.</b></td> <td style="width: 65%;">Allowance per member</td> <td style="width: 30%; text-align: center;">0</td> </tr> <tr> <td style="text-align: center;"><b>b1.</b></td> <td>Number of members</td> <td style="text-align: center;">0</td> <td style="text-align: center;"><b>b2.</b></td> <td>Number of members</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;"><b>c1.</b></td> <td>Subtotal</td> <td style="text-align: center;">0</td> <td style="text-align: center;"><b>c2.</b></td> <td>Subtotal</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>				Household members under 65 years of age			Household members 65 years of age or older			<b>a1.</b>	Allowance per member	60	<b>a2.</b>	Allowance per member	0	<b>b1.</b>	Number of members	0	<b>b2.</b>	Number of members	0	<b>c1.</b>	Subtotal	0	<b>c2.</b>	Subtotal	0
Household members under 65 years of age			Household members 65 years of age or older																								
<b>a1.</b>	Allowance per member	60	<b>a2.</b>	Allowance per member	0																						
<b>b1.</b>	Number of members	0	<b>b2.</b>	Number of members	0																						
<b>c1.</b>	Subtotal	0	<b>c2.</b>	Subtotal	0																						
<b>20A</b>	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$	NA																								

<b>20B</b>	<b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b>	\$	NA									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><b>a.</b></td> <td style="width: 65%;">IRS Housing and Utilities Standards; mortgage/rental expense</td> <td style="width: 30%; text-align: center;">\$ 1,602.00</td> </tr> <tr> <td style="text-align: center;"><b>b.</b></td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td style="text-align: center;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;"><b>c.</b></td> <td>Net mortgage/rental expense</td> <td style="text-align: center;">Subtract Line b from Line a.</td> </tr> </table>				<b>a.</b>	IRS Housing and Utilities Standards; mortgage/rental expense	\$ 1,602.00	<b>b.</b>	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ 0.00	<b>c.</b>	Net mortgage/rental expense	Subtract Line b from Line a.
<b>a.</b>	IRS Housing and Utilities Standards; mortgage/rental expense	\$ 1,602.00										
<b>b.</b>	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ 0.00										
<b>c.</b>	Net mortgage/rental expense	Subtract Line b from Line a.										

<b>21</b>	<b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:	\$	NA
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22A	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b>          You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.          Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input checked="" type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2 or more</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ NA									
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ NA									
23	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1   <input checked="" type="checkbox"/> 2 or more</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23.  <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">IRS Transportation Standards, Ownership Costs, First Car</td> <td style="width: 35%; text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs, First Car	\$ 0.00	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ 0.00	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$ NA
a.	IRS Transportation Standards, Ownership Costs, First Car	\$ 0.00									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ 0.00									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a									
24	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for one car from the IRS Transportation Standards, Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td> <td style="width: 35%; text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td style="text-align: right;">Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$ 0.00	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$ 0.00	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$ NA
a.	IRS Transportation Standards, Ownership Costs	\$ 0.00									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$ 0.00									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes.  <b>Do not include real estate or sales taxes.</b></p>	\$ NA									
26	<p><b>Other Necessary Expenses: mandatory payroll deductions.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs.  <b>Do not include discretionary amounts, such as non-mandatory 401(k) contributions.</b></p>	\$ NA									
27	<p><b>Other Necessary Expenses: life insurance.</b> Enter average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b></p>	\$ NA									
28	<p><b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. <b>Do not include payments on past due support obligations included in Line 44.</b></p>	\$ NA									
29	<p><b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b>          Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$ NA									



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30	<b>Other Necessary Expenses: childcare.</b> Enter the average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>	\$	NA
31	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>	\$	NA
32	<b>Other Necessary Expenses: telecommunication services.</b> Enter the average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>	\$	NA
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.	\$	NA

**Subpart B: Additional Living Expense Deductions**  
**Note: Do not include any expenses that you have listed in Lines 19-32**

34	<b>Health Insurance, Disability Insurance and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.		\$	NA	
	a.	Health Insurance			\$ 0.00
	b.	Disability Insurance			\$ 0.00
	c.	Health Savings Account			\$ 0.00
	Total and enter on Line 34 <b>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below.</b> \$ _____				

35	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses	\$	NA
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$	NA
37	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$	NA

38	<b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>	\$	NA
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\*Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	<b>Additional food and clothing expenses.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$	NA
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40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. §170(c)(1)-(2).	\$	NA
41	<b>Total Additional Expense Deductions under §707(b).</b> Enter the total of Lines 34 through 40	\$	NA



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### Subpart C: Deductions for Debt Payment

42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.	\$ NA								
43	<b>Other payments on secured claims.</b> If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deductions 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$ NA								
44	<b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b>	\$ NA								
45	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">a. Projected average monthly Chapter 13 plan payment.</td> <td style="width: 50%; text-align: right;">\$ 0.00</td> </tr> <tr> <td>b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td> <td style="text-align: right;">X 5.20</td> </tr> <tr> <td>c. Average monthly administrative expense of Chapter 13 case</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </table>	a. Projected average monthly Chapter 13 plan payment.	\$ 0.00	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	X 5.20	c. Average monthly administrative expense of Chapter 13 case		Total: Multiply Lines a and b		\$ NA
a. Projected average monthly Chapter 13 plan payment.	\$ 0.00									
b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	X 5.20									
c. Average monthly administrative expense of Chapter 13 case										
Total: Multiply Lines a and b										
46	<b>Total Deductions For Debt Payment.</b> Enter the total of Lines 42 through 45.	\$ NA								

### Subpart D: Total Deductions from Income

<b>Part VI. DETERMINATION OF §707(b)(2) PRESUMPTION</b>		
48	Enter the amount from Line 18 (Current monthly income for §707(b)(2))	\$ NA
49	Enter the amount from Line 47 (Total of all deductions allowed under §707(b)(2))	\$ NA
50	Monthly disposable income under §707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$ NA
51	60-month disposable income under §707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$ NA
52	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed. <div style="margin-top: 5px;"> <input type="checkbox"/> <b>The amount on Line 51 is less than \$7,475*.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$12,475*.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> <b>The amount on Line 51 is at least \$7,475*, but not more than \$12,475*.</b> Complete the remainder of Part VI (Lines 53 through 55).                 </div>	

\*Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



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53	Enter the amount of your total non-priority unsecured debt	\$ NA
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$ NA
55	<p><b>Secondary presumption determination.</b> Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The Presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The Presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>	

**Part VII: ADDITIONAL EXPENSE CLAIMS**

56	<p><b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under §707 (b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p>	\$ 0.00
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**Part VIII: VERIFICATION**

57	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)</p> <p>Date: <u>2/25/2015</u> Signature: <u>Michele Taylor</u> (Debtor)</p> <p>Date: _____ Signature: _____ (Joint Debtor, if any)</p>	
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